

Master's thesis proposal approval form

Part A | To be completed by the Advisory Committee Student number _____ Student name (LAST, first) Major department/unit This will certify that the above-named student has successfully completed the requirements of the thesis proposal and that the undersigned give their approval for the student to proceed with the thesis research without reservation or with the attached reservation(s). Please submit a copy of the thesis proposal, along with this form, to the Graduate Program Administrator. Thesis title Committee of examiners (Including advisor and co-advisor) Names Department/Unit Signatures Date _____ MM/DD/YYYY

Part B | To be completed by the department head or grad chair

The thesis proposal of the above-named student has been approved without reservation or with the attached reservation(s). **Please note:** If applicable, approval from the appropriate Ethics Review Committee must be obtained before the work has begun on the thesis research.

Department head/ grad chair		
Signature	Date	
		MM/DD/YYYY